

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**MANUAL CHANGE TRANSMITTAL**  
RW 0001 (REV. 10/93)

☒ R/W MANUAL CHANGE  
(1993 Edition)

RWMC-- 34

☐ PROCEDURAL HANDBOOK  
(1984 Edition)

RWPH-\_\_\_\_-\_\_\_\_-\_\_\_\_  
TRANSMITTAL#\_\_\_\_

TITLE RELOCATION ASSISTANCE	APPROVED BY <i>Betty Louie</i> for GARY A. STILWELL	DATE ISSUED March 21, 1996
SUBJECT AREA Chapter 10 - Forms	ISSUING UNIT Relocation Assistance	
SUMMARY OF CHANGES Revises certain forms.		

**PURPOSE**

Revision of Forms:

- RW 10-5 - Payment Request & Relocation Cost Summary
- RW 10-25 - Certification of Occupancy and Receipt of Relocation Information
- RW 10-27 - Agreement: (Condemnation Settlement Pending) Price Differential Advance to Owner occupant
- RW 10-40 - Replacement Housing Inspection Report
- RW 10-42C - Displacement Property Data Sheet
- RW 10-42D - Comparable Replacement Property Data Sheet

**BACKGROUND**

Budgetary Management and R/W Accounting and Analysis were combined in October 1995. Form RW 10-5 is now routed to ASC-R/W Accounting. Personal Information Notice and Confidential Flag inserted as appropriate. Form RW 10-42D does not require Personal Information Notice.

**PROCEDURES**

To update and make current Chapter 10.

**EFFECTIVE DATE**

Effective immediately.

**MANUAL IMPACT**

Insert the attached forms in the manual.  
Record the action on the Revision Record.

**REVISION SUMMARY**

<u>Chapter</u>	<u>Remove Old Pages</u>	<u>Insert New/Revised Pages</u>	<u>Replace Interim Change No.</u>
10	Form RW 10-5 Form RW 10-25 Form RW 10-27 Form RW 10-40 Form RW 10-42C Form RW 10-42D	Form RW 10-5 (Rev. 3/96) Form RW 10-25 (Rev. 3/96) Form RW 10-27 (Rev. 3/96) Form RW 10-40 (Rev. 3/96) Form RW 10-42C (Rev. 3/96) Form RW 10-42D (Rev. 3/96)	N/A

---

**PAYMENT REQUEST & RELOCATION COST SUMMARY**

RW10-5 (Rev 3/96)

**CONFIDENTIAL**

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

TO: 1) R/W PLANNING & MANAGEMENT BRANCH  
2) ASC - R/W ACCOUNTING

Dist Co Rte Post

FROM: RIGHT OF WAY RELOCATION ASSISTANCE

Parcel EA

Federal Project #

**FEDERAL PARTICIPATION**

On the project ☐ Yes ☐ No  
On the parcel ☐ Yes ☐ No

Relocation Assistance Payment	Payment Amount	
	Federal Eligible 6055	Federal Ineligible 7055
<b>Moving Expenses</b> (Excluding search cost)		
<input type="checkbox"/> Schedule	\$	\$
<input type="checkbox"/> Moving Service Authorization		
<input type="checkbox"/> Actual Moving Cost		
Search Cost, Non-Residential		
In-lieu Payment Non-Res Move		
Re-establishment		
Price Differential		
Interest Differential		
Incidental Expense (Homeowner)		
Rental Assistance Payment		
Down Payment (Includes tenant incidental costs)		
Step 5 (LA-105 only)		
Other (specify)		
<b>Totals</b>		

Displacee

[ ] Funds assigned to:

1) Payee

Address

Amount \$

2) Payee

Address

Amount \$

3) Payee

Address

Amount \$

4) Payee

Address

Amount \$

Need check: ☐ Overnight delivery ☐ by: \_\_\_\_\_

☐ Mail check to Payee(s)

☐ Forward to District \_\_\_\_\_ Cashier

Remarks:

I CERTIFY that this payment, excluding Moving Service Authorization amount, is not reportable to the Internal Revenue Service and Franchise Tax Board as income and does not require a Vendor Data Record (STD 204).

sign: >

print: >

RAP Agent Date

Telephone:

**CERTIFICATION OF FUNDS**

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure shown here.

HQ Accounting Officer

Date

ITEM	CHAP	STAT	FY	AMOUNT

APPROVED:

sign: >

RAP Senior

Date

Telephone:

**RIGHT OF WAY PLANNING AND MANAGEMENT TO COMPLETE UNSHADED FIELDS BELOW THIS POINT**

T CODE	DIST	UNIT	CHG DIST	EA	SUB JOB	SPECIAL DESIGNATION	F A	OBJ CODE	DOLLAR AMOUNT	FFY
								055		
								055		
								055		
								055		

APPROVED:

sign: >

print: >

R/W Planning and Management

Date

**ACCOUNTING NOTE:** All data must be entered exactly as shown. Verify coding prior to entry into IIRAMS. If any change is necessary, contact R/W Planning & Management who will fax revised copy to the R/W Accounting liaison.

Distribution: Original - R/W Accounting; 1 copy - District P&M; 1 copy - Originating Office Original to contain all wet signatures with blue ink.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**CERTIFICATION OF OCCUPANCY AND  
RECEIPT OF RELOCATION INFORMATION**  
RW 10-25 (Rev. 3/96)

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Office.

Dist	Co	Rte	KP(P.M.)	Exp Auth
AR	Parcel No.	Federal Project No.		

**To Relocation Advisor:**

- I have received the Department of Transportation's Relocation Information Brochure, Information Letter and Postcard.
- I will file my claim for any benefits due me in accordance with the instructions as set forth in the Brochure.
- I certify that the following information is true to the best of my knowledge.

Number of Occupants \_\_\_\_\_

☐ No person displaced.

I (We) first occupied the property (to be) acquired by the State on: \_\_\_\_\_.

Occupant's  
Name \_\_\_\_\_

Signature  
Owner/Tenant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

I have personally verified the above occupancy and I  
certify possession of:

Bedroom(s) \_\_\_\_\_  
Living room \_\_\_\_\_  
Dining room \_\_\_\_\_  
Den \_\_\_\_\_  
Kitchen \_\_\_\_\_  
Service porch \_\_\_\_\_  
Garage \_\_\_\_\_  
Other \_\_\_\_\_  
Total room count \_\_\_\_\_

Date of State's first offer to acquire this property:

☐ Non residential.

☐ No personal property to be moved.

☐ Personal property only; furniture owned by  
☐ Tenant ☐ Owner.

Right of Way Agent \_\_\_\_\_

**AGREEMENT: (CONDEMNATION SETTLEMENT PENDING)  
PRICE DIFFERENTIAL ADVANCE TO OWNER OCCUPANT**

RW 10-27 (Rev. 3/96)

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Office.

_____	_____	_____	_____
Dist	Co	Rte	KP(PM)

_____	_____
Parcel No.	Exp Auth

This agreement dated \_\_\_\_\_ by \_\_\_\_\_, hereinafter called "Displacee", and by the State of California, acting by and through the Department of Transportation, hereinafter called "State".

**Facts Giving Rise to Agreement**

1. Displacee is being displaced from the real property located at \_\_\_\_\_, as a result of a public freeway improvement being constructed by State; Displacee is therefore eligible for relocation assistance and benefits.
2. State has determined that Displacee is entitled to replacement housing, and that Displacee is entitled, specifically, to a price differential based on the following calculations:

Cost of a comparable available Replacement dwelling	\$ _____
--	----------

State's acquisition offer for purposes of Calculating RAP price differential	\$ _____
---	----------

Price Differential	\$ _____
--------------------	----------

3. Displacee is purchasing a decent, safe and sanitary replacement dwelling located at:  
\_\_\_\_\_
4. The final fair market value used in calculation "2" above may change as a result of final award in condemnation action being filed by State.
5. The Displacee has signed the attached "Claim for Replacement Housing Payment" form in the amount of \$ \_\_\_\_\_ Price Differential.

NOW THEREFORE, in consideration of the foregoing and of the following covenants and conditions, and of the performance thereof, it is mutually agreed between State and Displacee as follows.

**AGREEMENT: (CONDEMNATION SETTLEMENT PENDING)  
PRICE DIFFERENTIAL ADVANCE TO OWNER OCCUPANT (Cont.)**

Page 2 of 2

RW 10-27 (Rev. 3/96)

---

**Agreement**

1. Upon occupying said replacement dwelling, State will pay Displacee the claimed price differential of \$ \_\_\_\_\_ (difference between \$ \_\_\_\_\_ -replacement dwelling and \_\_\_\_\_ -State's offer to purchase) based on the following conditions:
  - a. Displacee understands that the advanced payment of \$ \_\_\_\_\_ may be a greater or a lesser sum than the replacement housing price differential that is ultimately calculated after the fair market value of the State-acquired dwelling as determined by eminent domain proceedings. In the event the amount of the replacement housing price differential ultimately calculated is less than \$ \_\_\_\_\_, Displacee must reimburse to the State the difference between the ultimate amount and the \$ \_\_\_\_\_ now being paid.
  - b. In the event the fair market value of the State-acquired dwelling is determined to be in excess of \$ \_\_\_\_\_, the replacement housing price differential due to Displacee will be reduced by the amount that the fair market value exceeds \$ \_\_\_\_\_. Displacee will refund to State, from the \$ \_\_\_\_\_ Displacee is now receiving, any excess amount above \$ \_\_\_\_\_ which is determined to be fair market value of the State-acquired dwelling. For example, if the fair market value is determined to be \$ \_\_\_\_\_, Displacee will refund \$ \_\_\_\_\_; if the fair market value is determined to be \$ \_\_\_\_\_, or any sum greater than \$ \_\_\_\_\_, Displacee will refund the total sum of \$ \_\_\_\_\_ to the State.
  - c. If the fair market value of the State-acquired property is determined to be less than \$ \_\_\_\_\_, the replacement housing price differential to be paid to Displacee shall be increased by the amount by which the ultimate fair market value is less than \$ \_\_\_\_\_. For example, if the fair market value of the State-acquired dwelling is determined to be \$ \_\_\_\_\_, the replacement housing price differential to be paid to Displacee shall be increased by \$ \_\_\_\_\_, for a total price differential of \$ \_\_\_\_\_.
  - d. If the ultimate replacement housing price differential due to Displacee is less than the current advanced payment of \$ \_\_\_\_\_, Displacee and heirs, devisees, or assignees shall refund the difference between the ultimate replacement housing price differential and \$ \_\_\_\_\_ within thirty (30) days of the final determination of the fair market value of the State-acquired dwelling. In the event such refund is not paid within thirty (30) days, Displacee, heirs, devisees, and assignees shall pay reasonable attorney fees and court costs incurred by State in collecting said refund.
2. It is further agreed that State will pay Displacee's eligible costs incidental to the purchase of the replacement property upon proof of said expenditures and presentation of signed claim form.

This Agreement becomes valid upon proper execution of the Agreement for State to take possession of Displacee's property.

RECOMMENDED FOR AGREEMENT:

AGREED TO:

\_\_\_\_\_  
Attorney at Law for Displacee

\_\_\_\_\_  
Relocation Assistance Branch  
District \_\_\_\_\_, Caltrans

\_\_\_\_\_  
Displacee

\_\_\_\_\_  
Displacee

---

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**REPLACEMENT HOUSING  
 INSPECTION REPORT**  
 RW 10-40 (Rev. 3/96)

**CONFIDENTIAL**

*This document contains personal information  
 and pursuant to Civil Code 1798.21 it shall be  
 kept confidential in order to protect against  
 unauthorized disclosure.*

Page 1 of 2

FULL NAME(S) OF CLAIMANT(S)

ADDRESS OF REPLACEMENT PROPERTY

DIST-CO-RTE.		PARCEL NUMBER	EA NO.	FEDERAL PROJECT #	
TYPE OF REPLACEMENT		LIVING AREA, ROOM COUNT & VALUE OF REPLACEMENT			
SINGLE FAMILY [ ]	DUPLEX [ ]	TOTAL NO. OF OCCUPANTS	TOTAL NO. OF ROOMS	TOTAL NO. BEDROOMS	PURCHASE PRICE
APARTMENT [ ]	ROOM [ ]				
MOBILE HOME [ ]	OTHER [ ]	NO. OF ROOMS NEEDED	HABITABLE AREA	TOTAL NO. BATHROOMS (WITH TUB OR SHOWER)	MONTHLY RENTAL

**GENERAL CONDITION OF REPLACEMENT DWELLING**

	YES	NO		YES	NO		YES	NO
BUILDING IS STRUCTURALLY SOUND	[ ]	[ ]	HAS ADEQUATE ROOM DIVISION	[ ]	[ ]	PROPER HEATING/COOLING SYSTEM	[ ]	[ ]
BUILDING IS WEATHER & DAMP PROOF	[ ]	[ ]	ALL ROOMS PROPERLY VENTILATED	[ ]	[ ]	HAS TWO SAFE EXITS	[ ]	[ ]
IS CLEAN, SANITARY, WELL MAINTAINED	[ ]	[ ]	HAS ADEQUATE WATER SUPPLY	[ ]	[ ]	HAS AN OPERABLE SMOKE DETECTOR	[ ]	[ ]
HAS ADEQUATE WALLS, FLOORS, CEILINGS	[ ]	[ ]	HAS ADEQUATE WATER SYSTEM	[ ]	[ ]	EACH ROOM HAS ARTIFICIAL LIGHT	[ ]	[ ]
HAS PROPER CEILING HEIGHTS	[ ]	[ ]						

**KITCHEN FEATURES**

	YES	NO		YES	NO		YES	NO
HAS ROOM OR AREA FOR KITCHEN USE	[ ]	[ ]	SINK PROPERLY CONNECT. TO SEWER	[ ]	[ ]	REFRIG SPACE WITH UTILITY CONNECT.	[ ]	[ ]
SINK IN GOOD WORKING ORDER	[ ]	[ ]	SINK HOT/ COLD WATER SUPPLY	[ ]	[ ]	RANGE SPACE WITH UTILITY CONNECT.	[ ]	[ ]

**BATHROOM FEATURES**

	YES	NO		YES	NO		YES	NO
HAS SEPARATE BATHROOM AREA	[ ]	[ ]	PROVIDES PRIVACY TO USER	[ ]	[ ]	HAS FLUSH WATER	[ ]	[ ]
ALL FIXTURES IN GOOD WORKING ORDER	[ ]	[ ]	HAS PROPER LIGHTING	[ ]	[ ]	TUB/SHOWER HAS HOT/COLD WATER	[ ]	[ ]
ALL FIXTURES CONNECTED TO SEWER	[ ]	[ ]	HAS PROVEN VENTILATION	[ ]	[ ]	LAVATORY HAS HOT/COLD WATER	[ ]	[ ]

**MOBILE IDENTIFICATION DATA**

MANUFACTURER	MODEL NAME OR NO.	MANUFACTURER'S SERIAL NO.
--------------	-------------------	---------------------------

DEPARTMENT OF HOUSING & COMMUNITY DEV. APPROVAL DECAL:

**IF THIS DWELLING DOES NOT PASS INSPECTION, COMPLETE THE FOLLOWING:**

This dwelling was inspected and found NOT to be in compliance with the standards of decent, safe and sanitary housing according to the rules and regulations of the California Department of Transportation and 49 CFR Part 24. The following deficiencies have been noted:

---



---



---



---

SIGNATURE OF RIGHT OF WAY AGENT	DATE INSPECTED
---------------------------------	----------------

**DWELLING PASSES INSPECTION**

I have inspected the replacement dwelling unit of the claimant and address above. To the best of my knowledge and belief, the dwelling unit conforms to the standards for decent, safe, and sanitary housing set forth in Federal Regulations 49 CFR Part 24.

\_\_\_\_\_  
SIGNATURE OF RIGHT OF WAY AGENT

\_\_\_\_\_  
DATE INSPECTED

**DISPLACEE DISCLAIMER STATEMENT**

I/We, the undersigned Displacee(s), understand the criteria for decent, safe and sanitary condition of replacement housing and certify to the best of my/our knowledge the above property complies therewith. I/We further certify the rental rate/purchase price as stated is the actual amount I am/We are paying for replacement housing. I/We further understand that statements, findings, decisions, conclusions appearing in the foregoing are made solely for the purpose of determining my/our eligibility for payments for the replacement housing and are not intended to be, nor do such constitute, warranties or guarantees by the State of California, the California Department of Transportation and the offices, agents, and employees thereof, that the above dwelling is decent, safe and sanitary.

\_\_\_\_\_  
SIGNATURE OF DISPLACEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DISPLACEE

\_\_\_\_\_  
DATE

---



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**DISPLACEMENT PROPERTY DATA SHEET**  
 RW 10-42C (Rev. 3/96)

**CONFIDENTIAL**

*This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.*

**DISPLACEMENT PROPERTY DATA SHEET**

Displacee's Name						Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		Dist-Co-Rte-KP(PM)			
Dwelling Address						FA					
Locale						Parcel					
Average Last 3 Months Rent				Type of Payment: Purchase Diff <input type="checkbox"/> Rent Diff <input type="checkbox"/>				Federal Proj. No.			
No. Occupants		Fully Eligible Occupant <input type="checkbox"/>		Subsequent Occupant <input type="checkbox"/>		SFR <input type="checkbox"/>		Apt <input type="checkbox"/>		Dup <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other <input type="checkbox"/>	
No. Bedrooms	No. Baths	Total Rooms	Sq. Ft.	Age	Quality	Condition	Yard Imp.	Garage	Carport	Pool	

Remarks:

Lot Size:	Typical Lot for Area: Similar <input type="checkbox"/> Larger <input type="checkbox"/> Smaller <input type="checkbox"/>
Appraised Value:	Segregated Value (if different from appraised value)

Segregated value method description:

Economic Rent	Actual Rent	Corridor Rent	Utilities Included with Contract Rent:
Remarks: (If affordable, attach income certification.)			Electricity _____
			Water _____
			Gas _____
			Garbage _____
			Sewer _____
			Other _____

Most Comparable Replacement Dwellings			Listing Price or Rental Rate Adjusted Yes <input type="checkbox"/> No <input type="checkbox"/>
I. D. Number	Address	Locale	Percent _____

Most Comparable I. D. No.

Most Probable Purchase/ Rental Cost of Comparable Replacement Property

Remarks (Explain any adjustments for major external attributes of displacement Dwelling.)

Date	Preparer's Name and Signature
------	-------------------------------

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**COMPARABLE REPLACEMENT PROPERTY DATA SHEET**  
RW 10-42D (Rev. 3/96)

**COMPARABLE REPLACEMENT PROPERTY DATA SHEET**

Displacee's Name							Parcel No.			
Comparable #		Address					Lot Size as Compared to Subject. No. Sq Ft: Similar [ ] Larger [ ] Smaller [ ]			
No. Bedrooms	No. Baths	Total Rooms	Sq. Ft.	Age	Quality	Condition	Yard Imp.	Garage	Carport	Pool
Listing Price (Rental Rate)		Equal To or Better Than Displacement Property								
		Public and Common Facilities Yes [ ] No [ ]					Public Utilities Yes [ ] No [ ]			
Major External Attributes (if any)							Adverse Environmental Conditions Yes [ ] No [ ]			
Remarks: Is Comparable Equal To or Better Than the Displacement Property? Explain.							Distance (Miles) Public Transportation _____ Employment Centers _____ Shopping Facilities _____ Schools _____ Freeway Access _____			

Comparable #		Address					Lot Size as Compared to Subject. No. Sq Ft: Similar [ ] Larger [ ] Smaller [ ]			
No. Bedrooms	No. Baths	Total Rooms	Sq. Ft.	Age	Quality	Condition	Yard Imp.	Garage	Carport	Pool
Listing Price (Rental Rate)		Equal To or Better Than Displacement Property								
		Public and Common Facilities Yes [ ] No [ ]					Public Utilities Yes [ ] No [ ]			
Major External Attributes (if any)							Adverse Environmental Conditions Yes [ ] No [ ]			
Remarks: Is Comparable Equal To or Better Than the Displacement Property? Explain.							Distance (Miles) Public Transportation _____ Employment Centers _____ Shopping Facilities _____ Schools _____ Freeway Access _____			

Comparable #		Address					Lot Size as Compared to Subject. No. Sq Ft: Similar [ ] Larger [ ] Smaller [ ]			
No. Bedrooms	No. Baths	Total Rooms	Sq. Ft.	Age	Quality	Condition	Yard Imp.	Garage	Carport	Pool
Listing Price (Rental Rate)		Equal To or Better Than Displacement Property								
		Public and Common Facilities Yes [ ] No [ ]					Public Utilities Yes [ ] No [ ]			
Major External Attributes (if any)							Adverse Environmental Conditions Yes [ ] No [ ]			
Remarks: Is Comparable Equal To or Better Than the Displacement Property? Explain.							Distance (Miles) Public Transportation _____ Employment Centers _____ Shopping Facilities _____ Schools _____ Freeway Access _____			

Reasons for Choosing Most Comparable: